

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED
SDNY PRO SE OFFICE

2016 FEB -9 AM 9:16

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

JANE Doe, John Doe Captain
Chester

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: Yes No

(check one)

16CV0971

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Christopher RICHARDSID # 349150 8371Current Institution RIKERS ISLANDAddress 18-18 HAZEN ST E.ELmhurst , NY, 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name JANE Doe Shield # (TBA)Where Currently Employed Department of CorrectionsAddress 09-09 Hazen st, E.Elmhurst, NY, 11370

Defendant No. 2

Name John Doe Shield # (TBA)
 Where Currently Employed 09-09 HAZEN DOC
 Address 09-09 HAZEN ST, East Elmhurst, NY, 11370

Defendant No. 3

Name Captain Chester Shield # 1649
 Where Currently Employed Rikers Island
 Address 09-09-HAZEN ST, East Elmhurst, NY, 11370

Defendant No. 4

Name John Doe Shield # (TBA)
 Where Currently Employed DOC
 Address 09-09 HAZEN ST, EAST ELMHURST, NY, 11370

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

09-09 HAZEN ST, E.ELMHURST, NY, 11370
G.B.V.C. HOUSING AREA 7B

B. Where in the institution did the events giving rise to your claim(s) occur?

G.B.V.C - HOUSING AREA 7B, in the dayroom
AREA

C. What date and approximate time did the events giving rise to your claim(s) occur?

August 12th, 2015 at Approximately 8 pm

D. Facts: I was assaulted by a gang denied phone privileges, stabbed and was falsely accused of committing infractions. My charges #'s were: 101.10, 109.40, 120.10, 108.10, & 117.11. Based on genetic video surveillance showing me being assaulted, charges were dismissed.

What happened to you?

Before the gang assault occurred, the C.O. had an opportunity to protect me. I told her the inmate threatened me with a knife and she said things that allowed other inmates to overhear and want to gang assault me. She also wrote false statements against me to protect those involved.

Who did what?

Many inmates were involved in assaulting me and stabbing me. The officers that were involved influenced this assault and afterwards, wrote false statements to protect the wrong-doers involved.

Was anyone else involved?

The entire housing area, the officers in the "Bubble" also witnessed the beating.

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Slashing on my upper back and arm.

Slashing of my lip. Lower part of face busted open.

I received stitches to my upper lip, to my lower mouth but NO STITCHES were applied to my stab wound. I still do not understand why, also other injuries were sustained.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I filed the grievance & it was never responded to @ O.B.C.C.

1. Which claim(s) in this complaint did you grieve? Every claim, including the false disciplinary report.

2. What was the result, if any? No Response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. No response was ever given to me, therefore I never had the opportunity to appeal any decision.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I made complaints to many captains & even deputies. Responses were minimal until the officer in my housing area stated that "a lawsuit would get me a proper response & justice".

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I suffer from shaking & trembling of my head, a busted lip split in two which never healed properly, and changed my appearance dramatically, slashing on my back & arm, and since then I've suffered from insomnia, mental and emotional stress and I don't trust law enforcement anymore, because of the false reports and the dismissal of my case when it comes to prosecuting those involved. I ask for a monetary compensation of \$200,000 dollars and convictions on those involved. I also would like the Officers who wrote the false statements to be disciplined or fired from their job. I suffer severe short-term memory loss now and this is detrimental to my goals of pursuit.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes No ✓

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of JANUARY, 20116.

Signature of Plaintiff

Inmate Number

Institution Address

Christopher Charles
3491508371
18-18 Hazen St, E. Elmhurst
NY, 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 1 day of July, 2016, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Christopher Richards

RECEIVED
SDNY PRO SE OFFICE

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

2016 FEB -9 AM 9:17

Christopher Richards

(Full name(s) of the plaintiff or petitioner applying (each person must submit a separate application)

-against-

CV

() ()

(Enter case number and initials of assigned judges, if available; if filing this with your complaint, you will not yet have a case number or assigned judges.)

(Full name(s) of the defendant(s)/respondent(s).)

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* ("IFP") (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? Yes No (If "No," go to Question 2.)

I am being held at:

BIKERS ISLAND - 18-18 HAZEN ST, E. Elmhurst, NY 11370

Do you receive any payment from this institution? Yes No

Monthly amount: 0

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? Yes No

If "yes," my employer's name and address are:

Gross monthly pay or wages: _____

If "no," what was your last date of employment? August 23rd 2015

Gross monthly wages at the time: \$600

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment
- (b) Rent payments, interest, or dividends

Yes
 Yes

No
 No

Adj 8/9/15

	CORRECTION DEPARTMENT CITY OF NEW YORK		
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION		Page 1 of 2 Pages	Form: 6500D Rev.: 02/09/07 Ref.: Dir. #6500R-B
Infraction #: 159015 Inmate Name (Last, First): Bichards, Chris Location: Adjudication Captain (Print Name, Rank & Shield #): Perry Capt #480		Institution: Gow B&C/ Sentence #: 3491508371 Disposition Date: 8/9/15 NYSID #: [REDACTED]	Disposition Time: 1055
Tape Data (Tape #): A-14 Adj Counter # at Start: Audio		Counter # at End: Audio	
Inmate's Accompanying card Indicates Inmate Received Rule Book: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inmate requested Witness(es): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If waived, inmate must sign. If denied, state reason.)			
Reason: Inmate requested Hearing Facilitator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, Hearing Facilitator must sign. If waived, inmate must sign. If denied, state reason.) Reason: Inmate Requested Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, Interpreter must sign. If waived, inmate must sign. If denied, state reason.) Reason: If inmate advised of right to remain silent was inmate advised that statements could be used against him/her: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Special Situations Hearing in Absentia: <input type="checkbox"/> Inmate Refused to Appear <input type="checkbox"/> Removed from Hearing Due to _____ Adjournment: <input type="checkbox"/> By Adjudication Captain Date Reconvened _____ / _____ / _____ Specify Reason <input checked="" type="checkbox"/> By Inmate Waived Time Limits to Facilitate Adjournment (Inmate Signature) _____			
Referral: <input type="checkbox"/> Security <input type="checkbox"/> Mental Health <input type="checkbox"/> Inspector General Inmate Pled: <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty with an Explanation Summary of inmate's Testimony: I Come back From the Clinic at 8 o'clock Time and he pulled a knife out of his mouth and pushed me. I told the officer I needed To use The Phone and they Tumped me and STABBED me and I went To The Clinic and They Took pictures of my wounds.			
The following witness(es) testified in your hearing. (If additional witnesses testified, attach additional sheets.) Witness Name (Last Name, First Name): _____ Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): _____ Witness Signature (Present at Hearing): _____			
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason: Summary of Testimony: _____			
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____ Witness Name (Last Name, First Name): _____ Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): _____ Witness Signature (Present at Hearing): _____			
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason: _____ Witness Name (Last Name, First Name): _____ Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate): _____ Witness Signature (Present at Hearing): _____			

1635

Richards, Chris

		CORRECTION DEPARTMENT CITY OF NEW YORK			11A
		HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION			
		Page 2 of 2 Pages	Form: 6500D Rev.: 02/09/07 Ref.: Dir. #6500R-B		
					

DOCUMENTARY EVIDENCE (Where applicable)

Photograph of Injury: Yes No
 Photocopy of Weapon: Yes No
 Reports - Specify Types: Yes No
 Logbooks - Specify Types: Yes No
 Infraction Investigation: Yes No
 Physical Evidence (List): Yes No
 Witness Statements (List Witnesses):

Shown to Inmate: Yes No
 Shown to Inmate: Yes No

*6500D/B
GenTec photos
PHD UOF Report*

Dismissed

On this date and time following disposition was reached after a hearing on the charges listed below:

8/20/15

Basis for Findings & Evidence Relied On

Charge #	Dismissed	Guilty	Penalty	Basis for Findings & Evidence Relied On	
101-10 I	✓			<i>Based on The GenTec Video</i>	
109-10 II	✓			<i>Surveillance which shows inmate Richards, Chris being physically assaulted by several inmates in housing area 7B.</i>	
120-10 III 108-10 117-11 II				<i>Dismissed</i>	
				<i>Dismissed</i>	

Twenty Five Dollar (\$25) Disciplinary Surcharge Grade I or Grade II offenses only: Yes

D No

8/20/15

If you have been found guilty of multiple rule violations, these penalties will be served:

Consecutively

Concurrently

Infraction Dismissed: Yes No

Reason:

Dismissed Based on GenTec Video Surveillance which shows inmate Richards Chris being assaulted by several inmates in 7B Housing area.

Pre-Hearing Detention Time Credit:

Days.

Signature of Adjudication Captain:

Adjudication Captain (Print Name, Rank, Shield #): *Perry Captain*

Signature of Adjudication Captain:

Perry Captain

You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days or more of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), your appeal shall be forwarded to the General Counsel in the Legal Division. Within five (5) business days of the receipt of your appeal, you will receive a written decision from the General Counsel regarding such appeal unless further documentation/information is required by the General Counsel to decide your appeal. In those cases, the five (5) business day time limit shall be extended and the reasons for the extension will be noted on the General Counsel's decision to you. If you receive an unfavorable decision from the General Counsel or you do not receive a decision from the General Counsel within ten (10) business days of receipt of your appeal, you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

I certify that I received a copy of this notice:

Signature of Inmate:

Served by (Print Name, Rank and Shield #):

Chris Captain 1649

Refused to Sign for Notice: Yes No

B&C/Sentence #:

3491508311

Date: *8/20/15*

Tim:

Signature of Server:

C-1

Witnessed By:

#8511

